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CONFIRMATION NO. 1209

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|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>10/749,499 | FILING DATE<br>12/29/2003<br><br>RULE | CLASS<br>604 | GROUP ART UNIT<br>3763 | ATTORNEY<br>DOCKET NO.<br>1001.1733101 |
|-----------------------------|---------------------------------------|--------------|------------------------|--|

## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/12/2004

|  |                              |  |                        |                            |
|--|------------------------------|--|------------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>MN    | SHEETS<br>DRAWING<br>4                       | TOTAL<br>CLAIMS<br>25  | INDEPENDENT<br>CLAIMS<br>6 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | Verified and<br>Acknowledged | Examiner's Signature<br><i>Paul R. Smith</i> | Initials<br><i>PRS</i> |                            |

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## TITLE

Medical device with modified marker band

|                                    |   |  |
|------------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>1248 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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